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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11304 (5)

1. Corporation Name

NORTH CENTRAL FLORIDA SAFE DEPOSIT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
211 E. SILVER SPINGS BLVD P. O. BOX 310 OCALA FL 32670-5831	~~211 E. SILVER SPINGS BLVD~~ P. O. BOX 310 OCALA FL 32670-5831

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1985
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2652319 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

KACZEGOWICZ, PAT
501 WATER
OCALA FL 32672

10. Name and Address of New Registered Agent

81 Name: THERESA H COTTON
82 Street Address (P.O. Box Number is Not Acceptable): 3601 NE 58TH TER
83
84 City: SILVER SPRINGS FL 85 Zip Code: 34488

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Theresa H Cotton — PRESIDENT — 2-1-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRES	☒ Change ☐ Addition
NAME	NOSCHESE, JACQUELYN ,	12 NAME	COTTON, THERESA	
STREET ADDRESS	P.O. BOX 5639 N/A	13 STREET ADDRESS	PO BOX 310 N/A	
CITY-ST-ZIP	OCALA FL 34478	14 CITY-ST-ZIP	OCALA FL 34478-0310	
TITLE	1VP	21 TITLE	1VP	☒ Change ☐ Addition
NAME	BALIUS, SANDRA	22 NAME	THIGPIN, JULIA	
STREET ADDRESS	P.O. BOX 7297 N/A	23 STREET ADDRESS	PO BOX 310 N/A	
CITY-ST-ZIP	OCALA FL 34472	24 CITY-ST-ZIP	OCALA FL 34478-0310	
TITLE	S	31 TITLE	SEC	☒ Change ☐ Addition
NAME	COTTON, TERRY,	32 NAME	KATHY COBO	
STREET ADDRESS	PO BOX 69 N/A	33 STREET ADDRESS	PO BOX 1929 N/A	
CITY-ST-ZIP	OCALA, FL 34478	34 CITY-ST-ZIP	INVERNESS FL 34451	
TITLE	D	41 TITLE	DIR	☒ Change ☐ Addition
NAME	BRADFORD, BETTY,	42 NAME	NOSCHESE, JACKY	
STREET ADDRESS	PO BOX 68 N/A	43 STREET ADDRESS	PO BOX 310 N/A	
CITY-ST-ZIP	OCALA FL 34478	44 CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	51 TITLE	DIR	☒ Change ☐ Addition
NAME	MENARD, SUSAN	52 NAME	PACE, LESLIE	
STREET ADDRESS	P.O. BOX 640297	53 STREET ADDRESS	PO BOX 310 N/A	
CITY-ST-ZIP	BEVERLY HILLS FL 34464	54 CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CARROLL, EILEEN	62 NAME		
STREET ADDRESS	P.O. BOX 1569	63 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34451	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Theresa H Cotton — THERESA H COTTON PRES — 2-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0066503